



WSDOT Commute Trip Reduction Program

Registration Form

This form registers the following employee as part of the WSDOT Commute Trip Reduction Program by making use of commute trip alternatives other than the single occupant vehicle.

Form last updated:

04/01/96

(This form has TWO sides, please complete both pages!)

Applicant's Name: _____

SSN: _____ Work Site Location: _____ Org. Code: _____

Division/Region: _____ Office/Branch: _____

Work Phone: _____ Mail Stop: _____ Home Phone: _____

Supervisor's Name: _____ Supervisor's Phone #: _____

Home Address: _____

Distance from home to your regular work site (**one way**) : _____ miles (rounded to nearest tenth of a mile)

What is your primary commute mode? : (primary = "used at least 60 percent of total, monthly commute time")

☐ **Walking** ☐ **Bicycle** All Year? ...YES ☐ NO ☐

☐ **Carpool** Number of regular, full-time commute carpool participants: _____

List Name, (print) ↓: _____ Signature ↓: _____ Worksite ↓: _____ Phone ↓: _____

How many miles of your total **one way** commute trip are shared driving with one or more participant: _____ miles

☐ **Transit** Agency _____ Route(s)# _____ Your monthly transit pass cost: \$ _____
Please attach copy of monthly pass!

☐ **Vanpool** Number of persons in vanpool*: _____ Transit Agency Name: _____
Your monthly vanpool fare cost: \$ _____ Is this an inter/multi-county vanpool? YES ☐ NO ☐
(*minimum of 7 required to qualify as vanpool) Please attach copy of monthly vanpool invoice!

On the average, how many **days per month** do you usually use this **primary** commute mode?: _____ days

Is this a new commute mode for you? : YES ☐ NO ☐ If not, how long have you used this mode: _____

Do you have a **secondary** alternative commute mode: YES ☐ NO ☐ if yes, what type: _____
(secondary = "used less than 60% of commute time, seasonal use, or used in combination with primary mode")

Are you currently telecommuting? NO ☐ YES ☐ If yes, how many days per month: _____ days

Are you currently using alternative work schedules: NO ☐ YES ☐ Schedule Type: (i.e. 4/10s) _____ DOT Schedule # _____

Guaranteed Ride Home Program Section:

All participants are eligible for this service. Please contact your site ETC for program specifics.

This portion to be filled out by all employees at sites that do not have special GRH contracts. Most sites have GRH service arrangements with local transit agencies who contract for free taxi services based on a voucher system. When vouchers are available, use of agency cars is not authorized unless specifically permitted by the ETC. Please check with your ETC which GRH program is used at your site. Currently, most employees in Thurston County, the Spokane area, and the Seattle area have access to vouchers for GRH trips and do not need to complete this section, but it is recommended, in the event the use of an agency car for GRH purposes becomes necessary. Use of agency vehicles for GRH trips cannot be authorized unless this information is on file as your insurance coverage is primary.

Do you have a valid Drivers License? YES ☐ NO ☐ Expiration Date _____

Proof of Personal Vehicle Liability and Property Damage Insurance? YES ☐ NO ☐

Name of Insurance Provider: _____

Please verify information by attaching copy of your insurance card and drivers license

Subsidy amount and continuation of program is subject to availability of funding. Also please note, employees receiving GRH benefits, subsidies, and or incentives may be subject to quarterly commute status re-certification,

“I hereby verify that I am a WSDOT employee and plan to participate a minimum of two months, that the information provided on this registration form and any attachments is correct and up-to-date. I understand that providing incorrect information will result in denial and or repayment request of Guaranteed Ride Home Program services, any parking benefits, subsidies, and any other cash or non-cash incentives. I understand that it is my responsibility to inform the ETC about any commute mode changes”.

Employee Signature

Date

This section to be completed by Employee Transportation Coordinator (ETC) or designated authority!

Proof of valid drivers license: YES ☐ NO ☐ Proof of insurance: YES ☐ NO ☐

Proof of valid transit pass YES ☐ NO ☐ Proof of valid vanpool invoice/bill YES ☐ NO ☐

Carpool participants were verified: YES ☐ NO ☐ if NO, why : _____

Subsidy/Incentive Request Approved? YES ☐ *amount:* \$ _____ *NO* ☐

Comments: _____

Signature of Site-ETC or designated authority

Date

For Re-certification Only (do not sign this section when registering) :

INFORMATION PROVIDED AT REGISTRATION IS STILL VALID AND CORRECT

Employee Signature

Date

Employee Signature

Date

Employee Signature

Date

Employee Signature

Date